

Please type a plus sign (+) inside this box

+

PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing  
OR  
☐ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number SIG000117

First Named Inventor Matthew Brady Henson

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROPHONE BIAS CIRCUIT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications Numbers(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119 (e), 120, or 365 (c) of any U.S. or PCT application(s) listed below.

Application Numbers(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/429,941	11/29/2002	

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



Please type a plus sign (+) inside this box

— +

PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION - Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	34,399	OR	<input type="checkbox"/> Correspondence address below
Name Timothy W. Markison					
Address P.O. Box 160727					
Address					
City Austin		State TX		ZIP 78716-0727	
Country USA		Telephone (512) 342-0612		FAX (512) 342-1674	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.c. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Matthew Brady		Family Name or Surname Henson	
Inventor's Signature <i>Matthew Brady</i>				Date 12/11/03	
Residence: City Austin		State TX		Country USA	
Citizenship US					
Mailing Address 8405 Dusk Terrace Cove					
Mailing Address					
City Austin		State TX		ZIP 78737	
Country USA					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Marcus W.		Family Name or Surname May	
Inventor's Signature <i>Marcus W May</i>				Date 11/25/03	
Residence: City Austin		State TX		Country USA	
Citizenship USA					
Mailing Address 3204 Thousand Oaks Dr					
Mailing Address					
City Austin		State TX		ZIP 78746	
Country USA					
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheets(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box

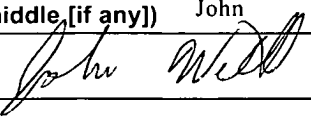
— +

PTO/SB/01 (10\_00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) John		<b>Family Name</b> or Surname Willis	
<b>Inventor's Signature</b> 		<b>Date</b> 11/25/03	
<b>Residence: City</b> Austin	<b>State</b> TX	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 6530 Clairmont Drive			
<b>Mailing Address</b>			
<b>City</b> Austin	<b>State</b> TX	<b>ZIP</b> 78749	<b>Country</b> USA
<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b> USA
<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any])		<b>Family Name</b> or Surname	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>

Please type a plus sign (+) inside this box



PTO/SB/81 (10,00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Matthew Brady Henson

Group Art Unit

Examiner Name

Attorney Docket Number

SIG000117

I hereby appoint:

☒ Practitioners at Customer Number

34,399

OR

☐ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label Here

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR



Firm or  
Individual Name

Timothy W. Markison

Address

P.O. Box 160727

Address

City

Austin

State

TX

Zip

78716-0727

Country

USA

Telephone

(512) 342-0612

Fax

(512) 342-1674

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name

Matthew Brady Henson

Signature

*Matthew Brady Henson*

Date

12/1/03

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 3 forms are submitted.

SEND TO: Assistant Commissioner for Patents,  
Washington, DC 20231



Please type a plus sign (+) inside this box

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Matthew Brady Henson
Group Art Unit	
Examiner Name	
Attorney Docket Number	SIG000117

I hereby appoint:

☒ Practitioners at Customer Number

34,399

Place Customer  
Number Bar Code  
Label Here

OR  
☐ Practitioner(s) named below:

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Timothy W. Markison

Address

P.O. Box 160727

Address

City

Austin

State

TX

Zip

78716-0727

Country

USA

Telephone

(512) 342-0612

Fax

(512) 342-1674

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Marcus W. May

Signature

*Marcus W. May*

Date

11/25/03

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

☐

\*Total of

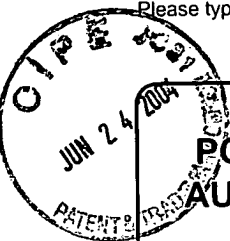
forms are submitted.

SEND TO: Assistant Commissioner for Patents,

Please type a plus sign (+) inside this box

+

PTO/SB/81 (10-00)  
 Approved for use through 10/31/2002. OMB 0551-0035  
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Matthew Brady Henson

Group Art Unit

Examiner Name

Attorney Docket Number

SIG000117

I hereby appoint:



Practitioners at Customer Number

34,399

Place Customer  
 Number Bar Code  
 Label Here

OR



Practitioner(s) named below:

Name	Registration Number
Timothy W. Markison	33,534
Bruce E. Garlick	36,520
James A. Harrison	40,401
Shayne X. Short, Ph.D.	45,105

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

OR

Firm or  
Individual Name

Timothy W. Markison

Address

P.O. Box 160727

Address

City

Austin

State

TX

Zip

78716-0727

Country

USA

Telephone

(512) 342-0612

Fax

(512) 342-1674

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

## **SIGNATURE of Applicant or Assignee of Record**

Name

John Willis

Signature

Date

11/25/03

NOTE:

Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
 Submit multiple forms if more than one signature is required, see below\*.



\*Total of

forms are submitted

SEND TO: Assistant Commissioner for Patents,